DRAFT
Rules Amending Title 11
Hawaii Administrative Rules

1. Chapter 156 of Title 11, Hawaii Administrative Rules, entitled "Communicable Diseases" is amended and compiled to read as follows:

HAWAII ADMINISTRATIVE RULES

TITLE 11

DEPARTMENT OF HEALTH

CHAPTER 156

COMMUNICABLE DISEASES

Historical Note: Chapter 156 of Title 11, Administrative Rules, is based substantially upon Public Health Regulations, Chapter 5, Communicable Diseases, Department of Health, State of Hawaii. [Eff 4/12/72; R 11/5/81]

§11-156-1 **Purpose**. The purpose of this chapter is to specify those diseases considered contagious, communicable or dangerous and to establish reporting requirements. [Eff 11/5/81; comp 5/24/90; am and comp 10/23/97; comp 8/27/01; comp] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-13)

§11-156-2 **Definitions.** As used in this chapter:

"Bloodborne pathogen" means any pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis viruses and human immunodeficiency virus (HIV).

"Carrier" means a person (or animal) that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

"Case" means a person or animal that harbors an infectious agent and has manifest disease.

"Chemoprophylaxis" means the administration of a chemical, including antibiotics, to prevent the development of an infection or the progression of an infection to manifest disease.

"Communicable disease" means an illness which arises through transmission of a specific infectious agent or its toxic products from an infected person, animal, or inanimate reservoir to a susceptible host.

"Contact" means a person or animal that has been in association with an infected person or a

contaminated environment which might provide an opportunity to acquire the infectious agent.

"Control" means the ongoing operations or programs aimed at reducing incidence and/or prevalence of communicable disease and some noncommunicable conditions.

"Control Group or, Control" means subject(s) with whom a comparison is made in a case control study, or other variety of epidemiologic study.

"Department" means the department of health of the State of Hawaii. Unless otherwise indicated, the department of health is represented by the district health office on the neighbor islands and the [~~epidemiology branch,~~] disease investigation branch [~~department of health~~] on Oahu.

"Direct care provider" means a person engaged in the care of children, patients, elderly, or the infirm.

"Director" means the director [~~of the department~~] of health of the State of Hawaii, or the director's duly authorized agent.

"Health care provider" or "provider" means a physician (M.D. or D.O.), chiropractor, naturopath, dentist, or the director of a hospital or a long-term care facility [~~or hospital~~].

"Immunization" is a technique used to cause an immune response that results in resistance to a specific disease. [~~means protection from an infectious disease by being exposed to the antigenic substances peculiar to the disease, with the capability of stimulating production of specific antibodies.~~]

"Isolation" means separation during the period of communicability of infected persons or animals from others to prevent or limit the direct or indirect transmission of the infectious agent from those who are infected and who may spread the agent to others. Isolation procedures fall into three categories as listed below.

(1) "Strict isolation", to prevent the transmission of highly contagious or virulent infections that may be spread by both air and contact.

(2) "Contact isolation", to prevent transmission of less highly transmissible diseases spread primarily by close or direct contact.

(3) "Respiratory isolation", to prevent the transmission of infectious diseases over short distances through the air.

"Laboratory" means any institution, building or place (including a blood bank) in which or by which operations or procedures for the microbiologic, serologic, chemical, hematologic, biophysical, toxicologic, cytologic or pathologic examinations of specimens taken from the human or animal body or the environment are performed to obtain information to guide diagnosis, prophylaxis or treatment.

"Observation" means the practice of close medical or other supervision of contacts in order to permit prompt recognition of infection or illness but without restricting their movements.

"Outbreak" means the occurrence in a community or region of an illness clearly in excess of normal expectancy.

“Positive HIV test result” means the reported result of any test [~~which~~] that unequivocally indicates that the subject of the test is infected with HIV. This includes any positive confirmatory HIV antibody test, any positive HIV detection test, and any viral load test which indicates a viral load above the minimum limit for detection [~~.~~] level.

"Practitioner" means a physician who is licensed under the provisions of chapter 453 or 460, HRS, a physician assistant licensed under the provisions of chapter 453, HRS, or an advanced practice registered nurse recognized under the provisions of chapter 457, HRS, and shall include those persons authorized to practice medicine as a physician [~~and~~] or nursing as an advanced practice registered nurse in federal facilities located in the State.

“Provisional diagnosis” means the most likely diagnosis based on clinical history and signs and/or symptoms [~~and circumstances~~], pending laboratory confirmation.[”]

"School" means any day care center, child care facility, head start program, preschool, kindergarten, elementary or secondary school, public or private, university or college, or vocational school, including any special school for children in the [~~state~~] State.

"Sexually transmitted infection" means an infection that is commonly transmitted through sexual contact. Sexual contact includes and is not limited to oral contact, vaginal intercourse, anal intercourse, and oral-genital and oral-oral contact.

"Suspected case" means a person whose medical history and symptoms suggest that he or she may have or be developing some communicable disease.

["~~Unnamed test code" or "UTC" means the unnamed test code generated from elements of a person's name and birth date according to an algorithm determined by the department~~.] [Eff 11/05/81; am and comp 5/24/90; am and comp 10/23/97; am and comp 8/27/01; am and comp] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-1, 325-13)

§11-156-3 **Reporting of communicable diseases.** (a) Exhibit A, "Disease Reporting Requirements for Health Care Providers in Hawaii [~~(January, 2001)~~] (June, 2007)," Exhibit B, "Hawaii Laboratory Reporting Requirements (June,2007), and Exhibit C, "Hawaii Isolation and Control Requirements (June, 2007)", located at the end of this chapter, [~~is~~] are made a part of this chapter. The diseases and agents listed in [~~Exhibit~~] Exhibits A and B are declared by the director to be communicable and dangerous to public health and shall be reported to the department by the methods described therein [~~, provided that positive HIV test results shall be reported as specified in section 11-156-8.8~~].

(b) Any communicable disease not listed in Exhibit A or Exhibit B occurring beyond usual frequency, or of unusual or uncertain etiology, including diseases which might be caused by a genetically engineered organism, shall be reported to the department by telephone.

(c) When the director determines that any communicable disease not designated in Exhibit A or Exhibit B has become a danger to the public health, or when control measures as specified in Exhibit C for a designated communicable disease are inadequate to prevent it from becoming a danger to the public health, such communicable disease may be declared notifiable pursuant to section [~~91-3(2)(b),~~] 91-3(b), HRS, and be incorporated into Exhibits A, B, and C.

(d) Every health care provider caring for a person with a diagnosis, or provisional diagnosis in the absence of definitive test results for confirmation, shall notify the department as described in Exhibit A. If the case is not known to have already been reported to the department, the practitioner responsible for the management of that case or health care provider shall report that case to the department. If neither the practitioner responsible for the case nor the health care [~~facility at which care is rendered~~] provider reports, both shall be considered in default of their responsibility to report. The report shall conform to the mode of report and time frame specified for each disease or agent under "Reporting Category" in Exhibit A. This requirement applies to all settings, in which patient care is provided, including passenger ships discharging passengers in the State of Hawaii and all facilities performing medical evaluations, including blood banks.

(e) If a practitioner or health care [~~facility~~] provider submits a specimen to an out-of-state laboratory for analysis, the practitioner or health care [~~facility is responsible for reporting~~] provider shall report the test results to the department in accordance with Exhibit B, "Hawaii Laboratory Reporting Requirements [~~(January,2001)~~] (June, 2007)."

(f) All information received by the department pursuant to this section shall be kept confidential.

(g) Failure to comply with the requirements of this chapter is a misdemeanor, punishable as provided in chapter 325, HRS. [Eff 11/5/81; am and comp

5/24/90; am and comp 10/23/97; am and comp 8/27/01 am and comp] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§325-1, 325-2, 325-3, 325-4,325-101, 325-104)

§11-156-3.1 REPEALED. [R 10/23/97]

§11-156-4 **Reporting from laboratories.**

(a) Exhibit B, "Hawaii Laboratory Reporting Requirements [~~(January, 2001),"~~] (June, 2007)," located at the end of this chapter, is made a part of this chapter[~~, provided that positive HIV test results shall be reported as specified in section 11-156-8.9~~].

(b) When a laboratory examination of any specimen derived from a human or animal body yields microscopic, bacteriologic, immunologic, serologic, or other evidence of the probable presence of any one of the agents or conditions listed in Exhibit B, the person in charge of the laboratory shall promptly report findings to the department in such manner as prescribed by the department. Laboratories shall convey a sample of the isolate, blood smear, or aliquot of positive serum to the department as specified in Exhibit B. If a specimen is received by more than one laboratory, the laboratory testing the specimen is responsible for reporting the result. However, if the laboratory testing the specimen is outside the State, the laboratory or facility or practitioner in the State which referred the specimen to the out-of-state laboratory is responsible for reporting the result.

(c) This section does not apply to specimens from cases of tuberculosis or Hansen's disease from whom positive specimens have already been reported to the department by that same laboratory.

(d) Forms for reporting the diseases shall be provided by the department [~~of health~~]. Reports may be made in alternate formats as approved by the department.

(e) All laboratory information received by the department pursuant to this section shall be kept confidential. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; am and comp 8/27/01; am and comp] (Auth: HRS §§321-9,325-13, 325-55) (Imp: HRS §§321-11, 325-2, 325-3, 325-4, 325-101,325-104)

§11-156-4.1 **Reporting from laboratories in the absence of disease.** Each laboratory required to report under section 11-156-4 shall report to the department for each week in which no evidence of any agent or test result listed in Exhibit B was encountered, that no such evidence was encountered. [Eff and comp 10/23/97; comp 8/27/01; am and comp] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-11, 325-13, 325-55)

§11-156-4.2 **Access to medical records.**

(a) Every hospital, clinic, and health care provider shall make available for inspection by the department of health all medical records relating to notifiable diseases listed in Exhibit A and other diseases and syndromes determined by the [~~director~~] director to be a [~~danger~~] danger to the public health pursuant to section 11-156-3(c), for epidemiologic and control purposes when requested by an authorized representative of the department.

(b) Every person, health care provider, and medical facility shall provide the patient's name, the name of a minor patient's parent or guardian, address, telephone number, age, sex, race or ethnicity, clinical signs and symptoms, laboratory test results, diagnostic interview data, treatment provided, and the disposition of the patient when requested by an authorized representative of the director for the purpose of conducting an epidemiologic investigation of a disease deemed by the department to threaten the public health and safety.

(c) When the department determines that an outbreak of a dangerous disease requires close monitoring to protect the public and minimize morbidity and mortality, the department may require every hospital, clinic, and health care provider to report in a manner and format determined by the department, for each patient fulfilling criteria as determined by the department for a person with a diagnosis, or provisional diagnosis in the absence of definitive test results for confirmation of the dangerous disease, the patient's name, the name of a minor patient's parent or guardian, address, telephone number, age, sex, race, ethnicity, clinical signs and symptoms, laboratory test results, diagnostic interview data, treatment provided, and the disposition of the patient, including time and cause of death.

[~~(c)~~] (d) All information received by the department pursuant to this section shall be kept confidential. [Eff and comp 10/23/97; comp 8/27/01; am and comp] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-29, 325-2, 325-3, 325-4, 325-101, 325-104)

§11-156-4.3 **Interventions for disease prevention and control.** [~~(a)~~] Exhibit C, "Hawaii Isolation and Control Requirements [~~(January, 2001),"~~](June, 2007)," located at the end of this chapter, is made a part of this chapter. The interventions prescribed in Exhibit C apply to diagnosed or suspected cases as well as contacts of diagnosed or suspected cases of the communicable diseases listed.

[~~(b) People infected by the human immunodeficiency virus (HIV), human "T" lymphotrophic virus 1 (HTLV-1), or hepatitis B virus, but without any other intercurrent infectious disease requiring isolation, do not require isolation since these infections are not easily transmitted by respiratory~~

~~or enteric routes. Blood/body-fluid precautions are sufficient.~~] [Eff and comp 10/23/97; am and comp 8/27/01; am and comp] (Auth: HRS §§321-9,325-13) (Imp: HRS §§321-1, 325-8)

§11-156-4.4 **Interventions for disease prevention and control for Sexually Transmitted Infections (STIs).** (a) Source and spread. With only very rare exception, STIs are spread by intimate body contact with infected individuals. To discover the source and possible spread of infection in every case of STI, interviewing of patients and tracing of sexual contacts are fundamental features of a program for control. As the period of communicability varies among the several diseases and can be as much as one year or longer and since the technique for interviewing patients and tracing of their sexual contacts is an exacting one, the physician is urged to utilize the facilities of the department to perform these epidemiologic services. Any person infected with an STI should either disclose to the physician or authorized representative of the director the name, residence, and other identifying characteristic of any person with whom the patient has had sexual contact during the time interval during which the patient had symptoms of disease plus the maximum incubation period possible for that disease and stage, or should bring those individuals forward for diagnosis and treatment.

(b) Prevention of blindness at childbirth. Any physician, midwife, or any other person in attendance in childbirth shall administer prophylaxis for acute infectious conjunctivitis of the newborn within one hour after birth. Acute infectious conjunctivitis of the newborn includes gonorrheal ophthalmia and ophthalmia neonatorum. The prophylaxis for acute infectious conjunctivitis of the newborn shall be one of the following:

(1) One percent silver nitrate in wax ampules administered without saline irrigation or

(2) Ophthalmic ointments containing tetracycline or erythromycin.

Other materials may be used only with the written approval by the department and subject to the conditions and restrictions as the department may impose. The department will consider granting a waiver only after the physician has submitted both the reason for the request and appropriate justification for an effective alternative method.

(c) Any person identified as a suspect or contact of a person diagnosed or provisionally diagnosed with an STI should have a medical examination. Any person so electing should immediately have the examination and permit the examining physician to take specimens of blood and bodily discharges for laboratory study. Any person may have the examination conducted at his or her expense by his or her private physician, provided, however, that the extent and completeness of the examination meets with the approval of the director. Medical services for the examination and possible treatment may be provided by the department.

(d) Evaluation and treatment. Any person who suspects he or she has an STI may apply to the department or to the director for medical evaluation and treatment for which he or she may be unable otherwise to pay for or obtain. Medical services may be furnished at places designated by the director.

(e) Laboratory services and STI treatments. Laboratory services for the detection of STI and drugs for treatment of STI may be furnished by the director from available funds to private physicians and institutions, for evaluation and treatment of persons unable to pay for or otherwise obtain such medical services. Any physician or institution receiving such drugs and services may not charge the patient for the same and shall be strictly accountable for their proper use. [Eff and comp] (Auth: HRS §§321-1, 321-9, 325-1, 325-13) (Imp: HRS §§321-1, 321-29, 321-31, 321-32, 321-106, 321-111, 325-5, 325-36)

§11-156-5 **Isolation.** (a) Any person who has been informed by the department, a private practitioner, or a hospital that he or she has been diagnosed or provisionally diagnosed with a communicable disease for which strict isolation is indicated in Exhibit C, shall remain in the person's residence or the room or ward of the hospital in which he or she is confined until the expiration of the prescribed period of isolation for the particular disease. [~~Any patient's~~] All health care [~~provider~~] providers shall report immediately to the department any violation of such isolation directive.

(b) Any person who has been diagnosed or provisionally diagnosed with a communicable disease for which other than strict isolation is required in Exhibit C, shall remain isolated to the degree specified until the expiration of the prescribed period of isolation for that disease or until advised by the attending practitioner or by the department that the disease has reached a stage such that isolation is no longer necessary for the protection of the public.

(c) Any person who has been a contact of a person diagnosed or provisionally diagnosed with a communicable disease specified in Exhibit C shall comply with the restrictions specified in Exhibit C.

(d) People infected by the human immunodeficiency virus (HIV), human "T" lymphotrophic virus 1 (HTLV-1), or hepatitis B virus, hepatitis C virus, and other bloodborne pathogens but without any other intercurrent infectious disease requiring isolation, do not require isolation because these infections are not easily transmitted by respiratory or enteric routes. Standard precautions are sufficient. [Eff 11/5/81; amend comp 5/24/90; am and comp 10/23/97; comp 8/27/01; am and comp] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-8)

§11-156-6 **Exclusion from school and group settings.** (a) When any student has a communicable

disease for which isolation or restriction from school attendance is required, it shall be the responsibility of the principal or director in charge of the school to prohibit the student from attending school until the expiration of the prescribed period of isolation. If the attending practitioner, school practitioner, or public health official finds upon examination that the student is free of the disease in the communicable state, the practitioner or official may issue a signed certificate, upon which the student shall be readmitted by the school authority. [~~However, such a certificate shall not be required for return to school or work following recovery from chickenpox.~~] Students who have been exempted from immunization or who have not completed the required immunizations shall be immunized or excluded from school during a potential outbreak as determined by the department.

(b) HIV-infected students do not pose a transmission risk to others in the school setting and therefore shall not be excluded from the school setting based on their HIV status.

(c) Parents, guardians, custodians, or any other persons in loco parentis to any child who has a disease for which isolation is required shall not permit the child to attend school or to be present in any group settings until the expiration of the prescribed period of isolation or restriction for the particular disease. [Eff 11/5/81; am and comp 5/24/90; am and comp 10/23/97; comp 8/27/01; am and comp] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-8)

§11-156-7 REPEALED. [R 10/23/97]

§11-156-7.1 **Rabies.** [~~(a)~~] Upon report to the department that a person has been bitten by an animal under circumstances such that the possibility of transmission of rabies cannot be excluded, the director may order seizure of the animal in order that it may be held for observation and be sacrificed for

the purpose of examining its brain for evidence of the presence of rabies virus. [Eff and comp 10/23/97; comp 8/27/01; am and comp] (Auth: HRS §§321-9) (Imp: HRS §§325-1, 325-2, 325-3, 325-4)

§11-156-8 REPEALED. [R 5/24/90]

§11-156-8.1 **Prenatal hepatitis B screening and treatment of newborns.** (a) Prenatal screening of pregnant women for hepatitis B (HbsAg) is required with each pregnancy. A woman infected with the hepatitis B virus should be counseled by her practitioner to consent to an immunization series against hepatitis B for her baby.

(b) The attending practitioner or other person permitted by law to attend pregnant women in the State shall submit a sample of blood from each pregnant woman to a licensed laboratory for appropriate serologic testing for hepatitis B. A copy of the original laboratory report indicating the pregnant woman's Hepatitis B Surface antigen (HBsAg) status shall be provided to the hospital where delivery is planned and to the health care provider who will care for the newborn. [~~The department may establish procedures which practitioners may follow for ordering hepatitis B serologic testing of medically indigent or indigent pregnant women.~~] The department may provide hepatitis B serologic testing to medically indigent or indigent pregnant women.

(c) Every practitioner serving as the primary attendant for a pregnant woman who is a carrier of the hepatitis B virus shall report to the department's perinatal hepatitis B program the name, address, telephone number(s), and birth date of the woman. [~~The department has established appropriate procedures for babies born to women infected with the hepatitis B virus, and the~~] The department may provide the hepatitis B immune globulin and hepatitis B vaccine necessary for the [~~treatment~~] protection of babies

born to indigent or medically indigent pregnant women infected with hepatitis B.

(d) Every practitioner serving as the primary attendant for an infant born to a woman who is a carrier of the hepatitis B virus shall report the following information to the department's perinatal hepatitis B program: the infant's name and date of birth, the mother's name and date of birth, the hepatitis B vaccination dates and name of manufacturer(s), administration date, and post-vaccination blood test records of the infant. [Eff 5/24/90; am and comp 10/23/97; comp 8/27/01; am and comp] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-1, 325-2, 325-3, 325-92)

[~~§11-156-8.8 **Provider reporting of HIV infection.**~~

~~(a) Each health care provider shall report to the department within 7 days of receipt of the first positive HIV test result for each patient whose specimen is submitted for testing or whose positive HIV test result is reported to the provider. This reporting requirement is in addition to any AIDS reporting requirement based on AIDS case diagnostic criteria.~~

~~(b) No report to the department from a health care provider shall include the name of the patient if the name and birth date of the patient are available to the provider for creation of a UTC (unnamed test code)~~.

~~(c) Except as provided in subsections (f), (g), and (h), each report to the department from a provider who orders or receives a diagnostic laboratory test indicating the presence of HIV infection shall include~~:

~~(1) The name of the laboratory to which the test was submitted and the date of submission;~~

~~(2) The UTC created with a form or algorithm supplied by the department; and~~

~~(3) Demographic and clinical information known to or available to the provider.~~

~~(d) Except as provided in subsection (f), (g), or (h), each order for a laboratory test which could~~

~~yield a positive HIV test result shall include the name and address of the provider and either:~~

~~(1) the UTC of the patient, or~~

~~(2) the name and date of birth of the patient.~~

~~(e) Although the provider may create the UTC or have the patient complete the UTC, the provider shall be responsible for verifying the accuracy of the UTC.~~

~~(f) Tests which are paid for by the department as part of a confidential testing program may be submitted to the laboratory and reported to the physician, the program, and the department with coded identifiers furnished or authorized by the department, rather than a UTC.~~

~~(g) Tests which are paid for by a bona fide clinical trial agency may be submitted to the laboratory and reported to the clinical trial agency and the department using coded identifiers furnished by the agency, rather than a UTC.~~

~~(h) Tests which are conducted pursuant to the requirements of chapter 12-205, Hawaii Administrative Rules (“BiologicalAgents/bloodborne Pathogens”) or 29 C.F.R. 1910.1030 (“Bloodborne Pathogens”) may be submitted to the laboratory accompanied by a signed statement of a licensed physician stating, “This specimen is being tested to determine the HIV status of a source of an occupational exposure,” rather than a UTC.~~

~~(i) Each provider shall maintain and securely store copies of all Provider HIV Report Forms submitted to the department and all laboratory test reports ordered or received by the provider indicating HIV infection, and shall make these records available for inspection by an authorized representative of the director.~~] [Eff and comp 8/27/01; R] (Auth: HRS §§321-9,325-13, 325-55) (Imp: HRS §§325-1, 325-2, 325-3, 325-4, 325-101,325-104)

[~~§11-156-8.9 **Laboratory reporting of HIV infection.** (a) Each laboratory shall report the result of each positive HIV test result to the department.~~

~~(b) No report to the department shall include the~~

~~name of the patient if the order for the test is accompanied by the name and address of the provider and one of the following:~~

~~(1) The UTC of the patient;~~

~~(2) The name and date of birth of the patient;~~

~~(3) A coded identifier furnished or authorized by the department for use with a test paid for by the department;~~

~~(4) a coded identifier furnished or authorized as part of a bonafide clinical trial for use with a test ordered and paid for by the clinical trial agency; or~~

~~(5) a signed statement of a licensed physician stating, "This specimen is being tested to determine the HIV status of a source of an occupational exposure."~~

~~(c) If the order for the test is accompanied by a UTC or coded identifier authorized by subsection (b), the laboratory report to the department shall include the UTC or coded identifier, the laboratory accession or index number, the name and address of the provider, and the name, date, and results of the test(s).~~

~~(d) If the order for the test is accompanied by the name and date of birth of the person who is being tested, the laboratory shall create the UTC using the name and date of birth of the patient and the algorithm supplied by the department.~~

~~(e) If the order for the test is accompanied by a signed statement of a physician as provided in subsection (b)(5), the laboratory report to the department shall include the laboratory accession or index number, the name and address of the provider, a statement indicating that the test was conducted to determine the status of a source patient, and the name, date, and results of the test(s).~~

~~(f) If an order for a test which could yield a positive HIV test result is not accompanied by the information specified in subsection (b), the laboratory shall submit photocopies of the laboratory test order and report of test results to the department.~~

~~(f) Each laboratory shall implement special~~

~~security measures to ensure that any linkages created by the laboratory of names, birth dates, and UTCs are accessible only to specified staff who create and report HIV infection test results to the department.~~

~~(g) Reports shall be submitted to the department within thirty-five days of test results being available to the laboratory.~~] [Eff and comp 8/27/01; R] (Auth: HRS §§321-9, 325-13, 325-55) (Imp: HRS §§321-11, 325-2, 325-3,325-4, 325-101, 325-104)

§11-156-9 **Severability.** If any provision of this chapter, or its application to any person or circumstance, is held invalid, the application of such provision to other persons or circumstances, and the remainder of this chapter shall not be affected thereby." [Eff 11/5/81; comp 5/24/90; comp 10/23/97; comp 8/27/01; comp] (Auth: HRS §§321-9, 325-13) (Imp: HRS §§321-9, 325-13)

2. Material, except source notes, to be repealed is bracketed. New material is underscored.

3. Additions to update source notes to reflect these amendments and compilation are not underscored.

4. These amendments to and compilation of chapter 11-156, Hawaii Administrative Rules shall take effect ten days after filing with the Office of the Lieutenant Governor.

I certify that the foregoing are copies of the rules, drafted in the Ramseyer format pursuant to the requirements of section 91-4.1, Hawaii Revised Statutes, which were adopted on and filed with the Office of the Lieutenant Governor.

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CHIYOME LEINAALA FUKINO, M.D.
Director of Health

APPROVED AS TO FORM:

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BLAIR GOTO
Deputy Attorney General